



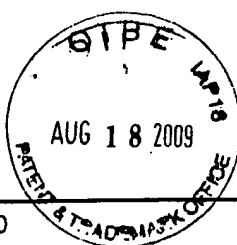
Under the Paperwork Reduction Act of 1995, no person is required to respond to a collection of information unless it displays a valid OMB control number

Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818). FEE TRANSMITTAL For FY 2009		Complete if Known	
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		Application Number	10/533,580-Conf. #1723
TOTAL AMOUNT OF PAYMENT		Filing Date	December 30, 2005
(\$)		First Named Inventor	Nobuo Kimura
810.00		Examiner Name	V. Katz
		Art Unit	1794
		Attorney Docket No.	20241/0202878-US0

METHOD OF PAYMENT (check all that apply)	
<input type="checkbox"/> Check	<input type="checkbox"/> Credit Card
<input type="checkbox"/> Money Order	<input type="checkbox"/> None
<input type="checkbox"/> Other (please identify):	
<input checked="" type="checkbox"/> Deposit Account	Deposit Account Number: 04-0100
	Deposit Account Name: Darby & Darby P.C.
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)	
<input checked="" type="checkbox"/> Charge fee(s) indicated below	<input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee
<input checked="" type="checkbox"/> Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17	<input checked="" type="checkbox"/> Credit any overpayments

FEE CALCULATION							
1. BASIC FILING, SEARCH, AND EXAMINATION FEES							
	FILING FEES		SEARCH FEES		EXAMINATION FEES		
		Small Entity		Small Entity		Small Entity	
Application Type	Fee (\$)	Fee (\$)	Fee (\$)	Fee (\$)	Fee (\$)	Fee (\$)	Fees Paid (\$)
Utility	330	165	540	270	220	110	
Design	220	110	100	50	140	70	
Plant	220	110	330	165	170	85	
Reissue	330	165	540	270	650	325	
Provisional	220	110	0	0	0	0	
2. EXCESS CLAIM FEES							
						Small Entity	
						Fee (\$)	Fee (\$)
Each claim over 20 (including Reissues)						52	26
Each independent claim over 3 (including Reissues)						220	110
Multiple dependent claims						390	195
Total Claims		Extra Claims	Fee (\$)	Fee Paid (\$)	Multiple Dependent Claims		
20		- 20 or HP = (0)	x		Fee (\$)		Fee Paid (\$)
HP = highest number of total claims paid for, if greater than 20.							
Indep. Claims		Extra Claims	Fee (\$)	Fee Paid (\$)			
11		- 11 or HP = (0)	x				
HP = highest number of independent claims paid for, if greater than 3.							
3. APPLICATION SIZE FEE							
If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$270 (\$135 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).							
Total Sheets		Extra Sheets	Number of each additional 50 or fraction thereof		Fee (\$)	Fee Paid (\$)	
		- 100 =	/50 =		(round up to a whole number) x		
4. OTHER FEE(S)							
Non-English Specification, \$130 fee (no small entity discount)						Fees Paid (\$)	
Other (e.g., late filing surcharge): 1801 Request for continued examination (RCE) (see 37 ...						810.00	

SUBMITTED BY			
Signature		Registration No. (Attorney/Agent)	47,522
Name (Print/Type)	Louis J. DeJuidice	Telephone	(212) 527-7700
		Date	August 18, 2009



Application No. (if known): 10/533,580

Attorney Docket No.: 20241/0202878-US0

Certificate of Express Mailing Under 37 CFR 1.10

I hereby certify that this correspondence is being deposited with the United States Postal Service as

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in an envelope addressed to:

MAILSTOP *RCE*
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

on August 18, 2009
Date

Judy Yeddo

Signature

Judy Yeddo

Typed or printed name of person signing Certificate

Registration Number, if applicable

212-527-7700

Telephone Number

Note: Each paper must have its own certificate of mailing, or this certificate must identify each submitted paper:

Fee Transmittal (1 pg)
Request for Continued Examination over Amendment filed 7/16/2009 (1 pg)
Cert. of Express Mailing (1 pg)
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CHARGE \$810.00 TO DEPOSIT ACCOUNT for RCE. *ACCT # 04-0100*